PTO/SB/22 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  FY 2006  (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	of information unless if displays a valid OMB control number.  Docket Number (Optional)  393032038400							
Application Number 10/608,786	Filed June 26, 2003							
For DRIVE APPARATUS FOR VOLUME CONTROL DEVICES	33.10 25, 2555							
Art Unit 2615	Examiner Con P. Tran							
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.								
The requested extension and fee are as follows (check time period d	lesired and enter the appropriate fee below):							
Fee One month (37 CFR 1.17(a)(1)) \$120	Small Entity Fee \$60 \$							
X Two months (37 CFR 1.17(a)(2)) \$450	\$225 \$ 450.00							
Three months (37 CFR 1.17(a)(3)) \$1020	\$510 \$							
Four months (37 CFR 1.17(a)(4)) \$1590	\$795							
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080        \$							
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.								
Payment by credit card. Form PTO-2038 is attached.								
X The Director has already been authorized to charge fees in th	is application to a Deposit Account.							
Transmitt	hay be required, or credit any overpayment, to nelosed a duplicate copy of this sheet. Fee tal form (PTO/SB/17) is attached to this on in duplicate.							
I am the applicant/inventor.								
assignee of record of the entire interest. See Statement under 37 CFR 3.73(b) is enclos								
attorney or agent of record. Registration Num	ber55,694							
attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34								
Dan I I	May 14, 2007							
Signature	Date							
Hristo 4. Vachovsky Typed or printed name	(213) 892-5790 Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
Total of forms are submitted.								

I hereby certify that this paper is be	eing deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Clas
Mail, in an envelope addressed to:	Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
Div. 4 A4 . 0007	Commissioner for Patents, P.O. Box 1350, Alexandria, VA 22313-1450.

Dated: May 14, 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction ধ of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/608.786 Application Number TRANSMITTAL June 26, 2003 Filing Date Masaru AISO First Named Inventor For FY 2007 Examiner Name Con P. Tran Applicant claims small entity status. See 37 CFR 1.27 2615 Art Unit TOTAL AMOUNT OF PAYMENT 393032038400 450.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 500 300 150 250 200 100 Design 200 100 100 50 130 65 Plant 200 300 160 100 150 80 Reissue 300 500 250 150 600 300 Provisional 200 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** . = . 0 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) 1 -= 0 \_ x HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00

SUBMITTED BY			2					_
Signature	m	///		Registration No. (Attorney/Agent)	55,694	Telephone	(213) 892-5790	
Name (Print/Type)	Hristo I. Vachov	sky				Date	May 14, 2007	
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I hereby certify that this paper is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 150, Alexandria, VA 22313-1450. Kheenelds (Marsha K. Reynolds)

Dated: May 14, 2007